SMART GOALS

For Medical Care Coordinators

Clinical Education and Professional Development

06/17/2019

AGENDA

- The SMART Basics
- Case Study Scenario
- SMART Goal Setting and Development of Action Plan

Learning Objectives

After the SMART Goals Lync N Learn session, you should be able to:

- Describe the acronym “SMART” as it relates to Care Coordination Goals
- Define the “5 W’s” model for *specific* SMART Goals
- Differentiate between vague versus specific Care Coordination Goals
- Use simple and observable language when writing Care Plan Goals
- Write appropriate SMART Goals, Barriers and Self-Management interventions using pertinent Member information

Reflection...

Discuss the following...

- Focusing Question -What is the value of setting a SMART Goal?
- Analysis Question - What is the greatest challenge you see in making SMART Goals?
- Generalization Question - How is a SMART Goal part of creating a solution to the questions, “What will your Member do?” and “Who will your Member be?”

SMART GOAL BASICS

The SMART Basics

What does SMART mean?

Answer the 5 "W"s

- **Who** is involved?
- **What** do we want to accomplish?
- **Why -** is there a specific reason, purpose or benefit for accomplishing the goal?
- **Where** is the location?
- **Which** requirements and constraints need to be addressed?

How much? How many? How will I know when it's accomplished? (Quantifiable)

Can it be accomplished? (and HOW)

The individual is **WILLING** and **ABLE** to meet the objective

Time-frame bound

Developing SMART Goals

Where do I begin?

Create a Goal that reflects the Member's Desired State of Being

- This is something that you know the Member wants to work on
- Validates that you have effectively used reflective listening to understand what the Member would like
- Member will be more motivated to work towards the Goal
- This Goal should be a priority

Creating "Specific" Goals

How do I gather enough information from the Member to create a Goal that is specific?

- Optimize your conversation with your Member
- Ask open-ended questions to gather more information
- Avoid settling for vague responses

If the Member says this…How do I respond? What questions do I ask?

"I want to lose weight."

"I want to eat better."

"I want to relax more."

Creating "Specific" Goals

Vague versus Specific…

Vague	Specific
"I want to lose weight."	Exercise at a gym 3 times a week (by __/__/__).
"I want to eat better."	Order Hello Fresh meal prep 3 times a week (by __/__/__).
"I want to relax more."	Meditate for 10 minutes on the weekends (by __/__/__).

Writing SMART Goals

Master the use of simple and observable language by…

- Replacing vague or ambiguous words in the Goal
- Using sensory language - what the Member would see, hear, touch, or detect in some way in the physical world that the Goal is happening
- Simplifying the language until the Goal says the same thing to everyone reading it
- Simplifying the Goal to focus on just one single performance result

Writing SMART Goals

Turn the Member's "Will" into a "Way"…

- Eliminate "Member will…" from the Goal statement
- Replace "Member will" with action verbs
- The Self-Management interventions should state what the "Member will" do to achieve the actionable Goal

CASE STUDY SCENARIO

Case Study: Mrs. J.B.

Meet Mrs. J.B.

Mrs. J.B. is a 54-year-old African American female with uncontrolled Congestive Heart Failure (CHF). Member was recently diagnosed with CHF 3 months ago and has been overwhelmed with “all of the stuff” that her PCP and Cardiologist says that she must do to manage this new condition. Member states that she cannot even remember “half of what was told to her” to manage the condition. She has not been compliant with many of the treatment recommendations and lifestyle modifications from the PCP and Specialist because she feels that she does not have enough time in the day to solely focus on her health. Member expressed that she has taken over caring for her 5-year-old grandson but has been having some difficulty keeping up with him due to swelling and severe discomfort in her legs and feet that seem to worsen with activity. She has also started getting very winded and short of breath easily when going up and down the stairs in her home and performing daily activities in the house, which is really becoming worrisome. Member wants to be able to care for him safely and have fun with him – take him to the park, museums and the library, etc. She is uncertain whether these symptoms have to do with her Congestive Heart Failure, but she is willing to do whatever it takes to feel better so that she can care for him properly. These concerns have prompted her to engage in CareFirst Care Coordination; to find a way to regain some control of her personal and family life.

Case Study: Mrs. J.B.

The Member mentioned that…

SMART GOALS & SELF-MANAGEMENT PLANS

Examples for Mrs. J.B. Case Study

SMART Goal Example for JB

Congestive Heart Failure Goal

Goal: Check weight daily to monitor for fluid retention (in "Target Date" box: July 31, 2019).

Specific	***Measurable***	***Attainable***	***Relevant/Realistic***	***Time-Bound***
Who: The Member **What**: Check weight **Why**: To monitor for fluid retention. **Where**: In home **Which**: Need accessibility to a scale.	Daily	Yes, with Member having accessibility to a scale in home.	Yes, the Member has the physical capacity to check weight and is also willing to do what the Provider has recommended.	07/31/2019
S	**M**	**A**	**R**	**T**

Self-Management Plan Example for JB

Self-Management Plan for Congestive Heart Failure

Priority	Goal	Target Date
1	*Check and record weight every morning before breakfast.*	*07/31/2019*

Goal Note:

Barriers:
Knowledge deficit as evidenced by Member not understanding the symptoms associated with Congestive Heart Failure exacerbation.

Self-management plan has been communicated to the Member verbally.
Member acknowledges and agrees to the following self-management plan:

Self-Management Interventions:

1. Member will obtain a scale for home.
2. Member will participate in Enhanced Monitoring Program for CHF monitoring.
3. Member will create a log of daily weights and share with Care Coordinator and PCP.
4. Member will report increased weight gain of 2 or more lbs. in 1 day, or 4 or more lbs. in 1 week.
5. Member will understand and teach back the importance of daily weight monitoring.
6. Member will verbalize proper technique for daily weighing (checking first thing in the morning and before eating a meal, zeroing the scale before use).

SMART Goal Example for JB

Congestive Heart Failure Goal

Goal: Decrease salt intake to less than 2 grams (one teaspoon) daily

(in "Target Date" box: August 1, 2019).

Specific	***Measurable***	***Attainable***	***Relevant/Realistic***	***Time-Bound***
Who: The Member **What**: Decrease salt intake. **Why**: To adhere to diet recommendations **Where**: Anywhere the Member eats **Which**: low-sodium diet	Less than 2 grams (one teaspoon) Daily	Yes, with Member having measuring cup or spoon to measure salt during cooking and/or being able to read food labels to determine sodium amount per serving.	Yes, the Member has the ability to change diet with education on low-sodium diet. Member is also willing to do what the Provider has recommended.	08/01/2019
S	**M**	**A**	**R**	**T**

Self Management Plan Example for JB

Self Management Plan for Congestive Heart Failure

Priority	Goal	Target Date
2	*Decrease salt intake to less than 2 grams (one teaspoon) daily.*	*08/01/2019*

Goal Note:

Barriers:
Knowledge deficit as evidenced by Member not adhering to prescribed low-sodium diet and not understanding how sodium can cause fluid retention in body.

Self-management plan has been communicated to the Member verbally.
Member acknowledges and agrees to the following self-management plan:

Self-Management Interventions:
1. Member will keep food diary and log all meals daily.
2. Member will reduce or eliminate salt in cooking (put away salt shaker).
3. Member will learn how to read and understand food labels.
4. Member will look for low-sodium products such as spice blends, and read labels for serving size and sodium content on canned, bottled, and frozen foods.
5. Member will understand a heart-healthy diet and teach back foods that are low in sodium.

SMART Goal Example for JB

Congestive Heart Failure Goal

Goal: Walk up 10-15 stairs in home without self-report of shortness of breath (in "Target Date" box: September 30, 2019).

Specific	***Measurable***	***Attainable***	***Relevant/Realistic***	***Time-Bound***
Who: The Member **What**: Walk without shortness of breath **Why**: To show improvement in CHF management **Where**: In home **Which**: proper CHF management/target range for oxygen saturation	Walk up 10-15 stairs No episode of shortness of breath (Member self-report)	Yes, the Member has no mobility issues hindering the ability to walk up stairs. Member has to work on weight/diet management and medication adherence to decrease CHF exacerbations.	Yes, the Member has the ability to manage CHF to decrease fluid retention with education on the disease process and weight/diet management as well as medication adherence. Member is also willing to do what the Provider has recommended.	09/30/2019
S	**M**	**A**	**R**	**T**

Self Management Plan Example for JB

Self Management Plan for Congestive Heart Failure

Priority	Goal	Target Date
3	*Walk up 1 flight of stairs (10-15) in home without self-report of shortness of breath.*	*09/30/2019*

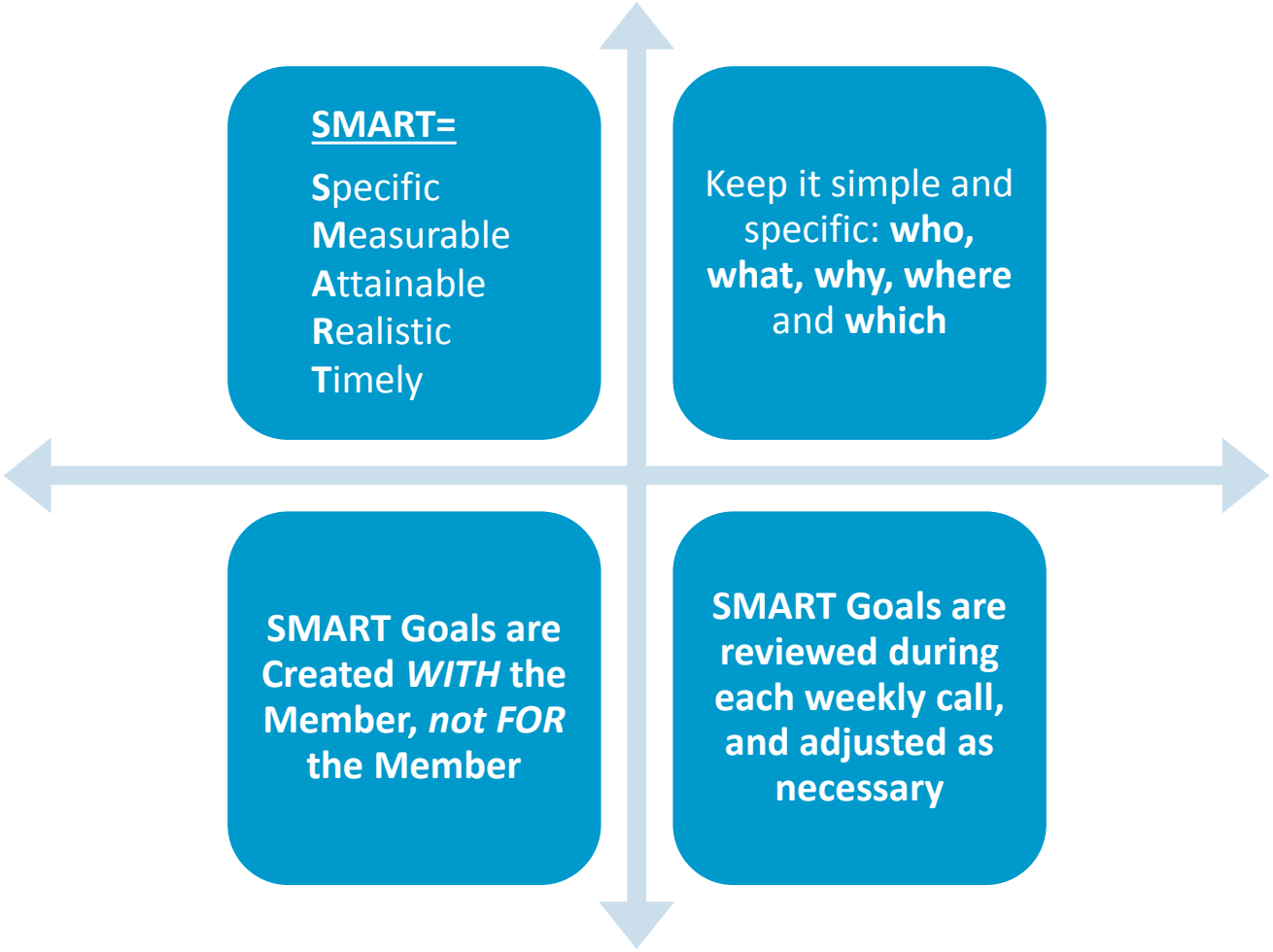
Goal Note:

Barriers:
Physical barrier as evidenced by Member's CHF symptoms interfering with mobility and ability to perform daily activities without SOB.

Self-management plan has been communicated to the Member verbally.
Member acknowledges and agrees to the following self-management plan:

Self-Management Interventions:
1. Member will utilize EMP equipment to monitor oxygen saturation daily.
2. Member will attend cardiac rehab for exercise training.
3. Member will schedule rest periods throughout the day in between activities.
4. Member will understand and teach back s/s of low oxygen saturation levels and when to notify the Provider.
5. Member will be able to describe normal versus abnormal oxygen saturation levels.

Key Takeaways



Let's Set a Goal for Ourselves...

Checklist for Setting Meaningful Goals

✓Is created with the involvement of the Member

✓Is agreed upon by the Member

✓Specifies a single key result to be accomplished

✓ Starts with an action verb

✓Is specific and measurable

✓Is realistic

✓Has a target date for completion

CareFirst

THANK YOU

For more information, contact

THE EDUCATION TEAM